

PART B - FEE(S) TRANSMITTAL

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Linda K. Newton

(Depositor's name)

Linda K. Newton

(Signature)

October 23, 2007

(Date)

10/23/2007 FHETEK12 00000006 501921 09749254

01 FC 501 1440.00 DA
 02 FC 504 300.00 DA

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	A1 FORNEY DOCKET NO.	CONFIRMATION NO.
09/749,254	12/27/2000	S. Robert Kovac	687-424	5797

TITLE OF INVENTION: PELVIC SURGERY DRAPE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	12/05/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
BROWN, MICHAEL A	3772	128-849000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Jose W. Jimenez
 2. Kimberly K. Baxter
 3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

AMS Research Corporation

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Minnetonka, MN

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☐ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies _____

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- ☐ A check is enclosed.
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5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *Jose W. Jimenez*
 Typed or printed name Jose W. Jimenez

Date OCT 23 2007
 Registration No. 31,113

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